

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044946

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 276

Primary Registration District No. 5947

Registrar's No. 53

STATE FILE NUMBER

FILED DEC 2 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural - ST. James

Length of stay in 1b

30 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

AT home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Phelps

c. CITY

OR

TOWN

R.R. St. James, Mo.

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

Rural #2 St. James, Mo.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last  
Christina Marie Spading

4. DATE OF DEATH

Month Day Year  
11 - 22 - 63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-7-1902

9. AGE (last birthday)

61

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

nurse

10b. KIND OF BUSINESS OR INDUSTRY

✓

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Shaeffer

13b. MOTHER'S MAIDEN NAME

Mary Roby

14. NAME OF HUSBAND OR WIFE

Wm Spading

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm Spading (Husb) St. James, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial infarction

DUE TO (b)

arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1956

to

11/22/63

and last saw her alive on

11/21/63

Death occurred at

7:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print or title)

James J. Pruitt, M.D.

22b. ADDRESS

Rolla, Mo.

22c. DATE SIGNED

11/26/63

23a. BURNED, CREMATION, REMOVAL (Specify)

23b. DATE

11-24-'63

23c. NAME OF CEMETERY OR CREMATORY

Ozark Mem. Gardens

23d. LOCATION (City, town, or county)

Rolla, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Oral E. Liebknecht, St. James, Mo.

25. DATE RECD. BY LOCAL REG.

11-26-63

26. REGISTRAR'S SIGNATURE

Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0810

2 0810

3

4 1

5 1

6

7 0

8 2

9 4200

10

11

12 90-0

13 20

FEB 1-1 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by W2, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Wm. L. Kline

Licensed Embalmer No. 3546

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 11-24-63. awaiting M.D. signature